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## BIB DATA SHEET

CONFIRMATION NO. 9326

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.		
10/561,491	02/28/2007	607	3766	MET095-233410		
<b>RULE</b>						
<b>APPLICANTS</b> Shlomo Ben Haim, Caesarea, ISRAEL; Shai Policker, Moshav Zur Moshe, ISRAEL; Ricardo Aviv, Haifa, ISRAEL; Ofer Glasberg, Haifa, ISRAEL;						
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/IL04/00550 06/20/2004 which claims benefit of 60/480,208 06/20/2003 and claims benefit of 60/480,205 06/20/2003						
<b>** FOREIGN APPLICATIONS *****</b>						
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 04/22/2007						
Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b>	<b>SHEETS DRAWINGS</b>	<b>TOTAL CLAIMS</b>	<b>INDEPENDENT CLAIMS</b>
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input type="checkbox"/> No		ISRAEL	10	49	4
Verified and	/DEBORAH LESLIE MALAMUD/ Examiner's Signature		Initials			
Acknowledged						
<b>ADDRESS</b> WOLF, BLOCK, SHORR AND SOLIS-COHEN LLP 250 PARK AVENUE 10TH FLOOR NEW YORK, NY 10177 UNITED STATES						
<b>TITLE</b> GASTROINTESTINAL METHODS AND APPARATUS FOR USE IN TREATING DISORDERS						
<b>FILING FEE RECEIVED</b> 2740	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees		
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